PATENT APPLICATION FEE DETERMINATION RECOI Effective October 1, 2003									Application or Docket Number					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS			UB					RATE	FEE		RATE	FEE		
FOR			NUMBER FILED		NUMB	BER EXTRA		BASIC F	EE 385.00	OR	BASIC FEE	770.00		
TOTAL CHARGEABLE CLAIMS			4k minus 20=		*	28		X\$ 9:	:	OR	X\$18=			
INDEPENDENT CLAIMS			minus 3 =		2			X43=		OR	X86=	172		
MU	ILTIPLE DEPEN	NDENT CLAIM P	RESENT					+145=		OR	+290=	, , ,		
* If	the difference	in column 1 is	less than zero, enter "0" in column 2				l	TOTA	L .	OR	TOTAL	1446		
$\supset$	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						_	SMAL	L ENTITY	OR	OTHER SMALL			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	-]	RATE	ADDI- TIONAL FEE		
	Total	. 48	Minus	- H	8	=		X\$ 9=		OR	X\$18=			
	Independent	<u>  . 5</u>	Minus	***	<u> </u>	=		X43=		OR	X86=			
	FIRST PRESE	NTATION OF ME	JUI IPLE DEI	PENDENI	CLAIM		1	+145=		OR	+290=			
	•	•			•	٠	L	TOTA		OR	TOTAL ADDIT, FEE			
	(Column 1) (Column 2) (Column 3)													
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	-	HIGHI NUME PREVIO PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total ·	*	Minus	** '		=		X\$ 9=		OR	X\$18=			
	Independent	* NTATION OF MU	Minus	***	CI AIRA	=	<b> </b>	X43=		OR	X86=			
	rino i Prese	NIATION OF MC	LIFLE DEF	ENDENI	·		<b>'</b> [	+145=		OR	+290=			
								TOTA		OR	TOTAL ADDIT. FEE			
(Column 1) (Column 2) (Column 3)										•				
<b>≩</b>  .		CLAIMS REMAINING AFTER AMENDMENT	•	HIGHE NUME PREVIO PAID F	JER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=			
	Independent	*	Minus	***	0. 4.1.4			X43=		OR	X86=	,		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate here is column 1.														

FORM PTO-875 (Rev. 10/03)

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